



U.S. Department of Justice

CLERK'S OFFICE

United States Attorney - 7 A 8:40  
District of Massachusetts

Main Reception: (617) 748-3100

United States Courthouse, Suite 9200  
1 Courthouse Way  
Boston, Massachusetts 02210

June 7, 2005

**BY HAND**

Eduardo A. Masferrer, Esq.  
6 Beacon Street  
Suite 720  
Boston, MA 02108

Re: United States v. Alexis Morales  
Criminal No. 04-40019-FDS

Dear Mr. Masferrer:

This letter provides you with Section 3500 material. Although it is unlikely the government will call Fred McGill of the Worcester Police Department, enclosed are 5 pages of Section 3500 material relating to the custody of the drug evidence.

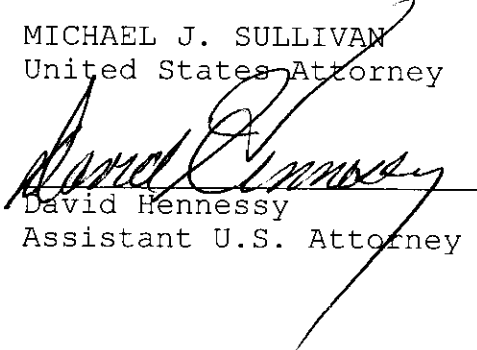
I wanted to memorialize also that yesterday the government provided you with a report of a recently-conducted interview by the police with Raul Aponte, and with a copy of Aponte's booking sheet, which you had requested orally in Court.

Finally, I ask that you have available for trial the photographs you admitted at the suppression hearing.

Very truly yours,

MICHAEL J. SULLIVAN  
United States Attorney

By:

  
David Hennessy  
Assistant U.S. Attorney

Enclosures

cc: Martin Castles (w/o encl.)  
Clerk to the Honorable F. Dennis Saylor, IV



MITT ROMNEY  
GOVERNOR

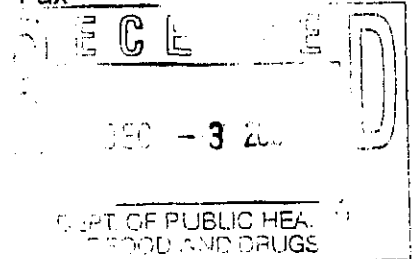
KERRY HEALEY  
LIEUTENANT GOVERNOR

RONALD PRESTON  
SECRETARY

CHRISTINE C. FERGUSON  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Food and Drugs  
305 South Street, Jamaica Plain, MA 02130-3597  
(617) 983-6700 (617) 524-8062 - Fax

Exhibit 1



TO: Chief of Police

FROM: Department of Public Health, Drug Control Program

RE: Designation of Agent For the Purpose of Drug Destruction

In order for your department to destroy seized controlled substances in accordance with M.G.L. c. 94C, §47A, it is necessary for the Department of Public Health to designate you or your evidence officer as an "Agent" of the Department. By completing and signing this form, you are certifying that the Agent will oversee and be solely responsible for the proper processing and destruction of all seized controlled substances in the possession of your department. Upon the signature of the Commissioner, the individual named below is designated as an agent of the Department of Public Health for the purposes of conducting drug destruction. No other authority or responsibilities are conferred by this designation.

This designation is effective for one year from the date this document is signed by the Commissioner of Public Health, unless otherwise revoked by the Chief of Police or the Department of Public Health.

Please submit the completed and signed form to the Drug Control Program at the address above. Once it is signed by the Commissioner, it will be returned to you. Any questions regarding this process should be directed to the Assistant Director for Operations at (617) 983-6700.

I, GARY J. GEMME, Chief of Police for the City/Town of Worcester,  
designate FREDERICK H. MCGILL, POLICE PATROLMAN (name, rank, title and telephone  
number) as the Agent of the Department of Public Health for the purpose of conducting destruction of all  
seized controlled substances, pursuant to M.G.L. c. 94C, §47A.

DRUG EVIDENCE OFFICER 508-799-8657

Gary J. Gemme  
Chief of Police/Date

Christine C. Ferguson  
Christine C. Ferguson, Commissioner/Date

Designation Expires December 31, 2005  
S: DDC/ 04 Pilot Designation Letter

P. F. of II

## WORCESTER POLICE DEPARTMENT

## DRUG RECEIPT

Box Number

96

Defendant's Name

Police Officer

Date Received

ALEXIS MORALES

J. CARMODY

6-07-04

+ Resubmitted  
7/9/04List of Evidence  
Description of Samples

(7) LARGE CHUNKS IN PLASTIC BAGS IN A LARGER YELLOW PLASTIC BAG

75199

Jm

Resubmitted:

"RUSH"

"RUSH"  
6/18/04

Wed-

→ RETURNED TO LAB 7-9-04  
TO BE TESTED FOR "CRACK"  
COCAINE

RETURNED TO WPDON:

Evidence Taken To Court By

Officer Name - - - Date and Time

N. PRANDI 11-05-1400

Returned By Officer

Date and Time

1. J. CARMODY 1-20-05 0830

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

7-20-04

See WKT  
page

Submitted To Laboratory - - - - Date

Returned from Laboratory - - - - Date

WEDNESDAY Jm

\* 6-18-04

Submitted By

"RUSH"

Returned By

Completion Date

Detection Receipt

Date

Official

P. II of II

WORCESTER POLICE DEPARTMENT

DRUG RECEIPT

Box Number

96

Date Received

6-07-04

Defendant's Name

ALEXIS MORALES

Police Officer

J. CARMODY

List of Evidence  
Description of Samples

NUMEROUS CHUNKS IN PLASTIC BAGS.....RESUBMITTED IN DRUG LAB ENVELOPE MARKED #75199 TO BE TESTED AS CRACK COCAINE

RESUBMITTED ON JULY 9, 2004.

75199 R

(R = Resubmitted)

"RUSH"

Evidence Taken To Court By  
Officers Name - - - Date and Time

Returned By Officer  
Date and Time

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Submitted To Laboratory - - - - Date

7-9-04

Submitted By

*[Signature]*

Returned from Laboratory - - - Date

7-20-04

Returned By

*[Signature]*

and Completion Date

Receipt

Date

Official

61441

# DRUG RECEIPT

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER  
DRUGS OF ABUSE LABORATORY  
TELEPHONE (508) 856-6275

City or Department WORCESTERSubmitting Officer F. MCGILLDestruction  
Number \_\_\_\_\_I.D.  
Number \_\_\_\_\_

Defendant(s) Name \_\_\_\_\_

ALEXIS MORALES

List of Evidence  
Description of SampleAlleged  
IdentityGross Weight  
or Number

Lab. Number

Quantify  
?

(7) LG. CHUNKS/PLS.BS./YELLOW PLS.B.

COCAINE

75199

Rush  
6/16

Received by \_\_\_\_\_

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER  
LABORATORYDate 6-16-04

# DRUG RECEIPT

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER  
DRUGS OF ABUSE LABORATORY  
TELEPHONE (508) 856-6275

City or Department WORCESTER

Submitting Officer F. MCGILL

Destruction  
Number \_\_\_\_\_

I.D.  
Number \_\_\_\_\_

Defendant(s) Name \_\_\_\_\_

ALEXIS MORALES

*Resubmitted  
7-9-04*

List of Evidence  
Description of Sample

Alleged  
Identity

Gross Weight  
or Number

Lab. Number

Quantify  
?

NUMEROUS CHINKS/PLS. BS.

COCAINE

75199R

(in plastic bag from drug lab #75199)

RESUBMITTED

Received by \_\_\_\_\_

UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER  
LABORATORY

Date 7-9-04